

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HEALTH CARE LEADERSHIP COMMITTEE

Full Name (Last, First, Middle Initial)

A. TALENT FOR SENATE COMMITTEE

Mailing Address 9467 DIELMAN ROCK ISLAND IND DR

City
ST LOUISState
MOZip Code
63132Purpose of Disbursement
ContributionCandidate Name
TALENT FOR SENATE COMMITTEE011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: SB23.4779

Date of Disbursement

M M / D D / Y Y Y Y
09 / 15 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00